Candidate Application

WRITTEN EXAMINATION—MOBILE CRANE OPERATOR TELESCOPIC BOOM—RESTRICTED (PAPER/PENCIL TESTS ONLY)

Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered incomplete.

FULL LEGAL NAME (as shown on driver's license)	**FIRST***	Middle	**LAST***	Suffix (Jr., Sr., III)

CCO CERTIFICATION NUMBER (if previously certified)	**DATE OF BIRTH***	CANDIDATE ID: (if previously tested)

PERSONAL MAILING ADDRESS*	**CITY***	**STATE***	ZIP*	COUNTRY

HOME PHONE	**CELL PHONE***	CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)

COMPANY/ORGANIZATION	PHONE

COMPANY MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY

❒ I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA).
(For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations.)

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

***FILL IN** the circle next to the crane type(s) for which you are applying; for Mobile Cranes, **CHECK** ☑ the load chart you want to use for that crane type. Also **FILL IN** the appropriate circle(s) below for correct fees. **NOTE:** If you are registering for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a Retest Candidate).*

If you are recertifying, please use separate Recertification Written Examination Application Form.

WRITTEN EXAMS*

		LOAD CHARTS (Check one for each Specialty Exam)
❍ Mobile Core Exam	652603	
❍ Telescopic Boom—Restricted†	652681	❒ QMC (Boom Truck)
❍ Lattice Boom Crawler (LBC)	652620	❒ Terex/American
	652607	❒ Manitowoc
❍ Lattice Boom Truck (LBT)	652609	❒ Link-Belt
	652610	❒ Manitowoc

†Please see page 4 of the Mobile Crane Operator Candidate Handbook for details regarding the Telescopic Boom—Restricted certifications.

OTHER FEES

❍ Candidate Late Fee (if applicable)..... $50
❍ Incomplete Application Fee (if applicable)..... $30
❍ Updated/Replacement Card $25

ADD TO TOTAL AMOUNT AT RIGHT ⟶

WRITTEN EXAM/RETEST FEES

MOBILE CRANE EXAMS

❍ Core Exam plus one Specialty Exam $165
❍ Core Exam plus two Specialty Exams..... $175
❍ Core Exam plus three Specialty Exams..... $185

RETEST or ADDED SPECIALTY FEES

❍ Core Exam only or Core plus one Specialty (Retest)..... $165
❍ One Specialty Exam (Retest or Added Specialty)..... $65
❍ Two Specialty Exams (Retest or Added Specialty) $75
❍ Three Specialty Exams (Retest or Added Specialty) $85

OTHER FEES ..... $_____

TOTAL AMOUNT DUE ..... $

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CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE CRANE OPERATOR TELESCOPIC BOOM—RESTRICTED (PAPER/PENCIL TESTS ONLY)

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	**TEST SITE COORDINATOR NAME***		
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER*	**TEST DATE***		

I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification designation and I will continue to comply with those requirements. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

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CANDIDATE SIGNATURE*	**DATE***

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

❒ VISA ❒ MasterCard ❒ AMERICAN EXPRESS ❒ Personal check enclosed ❒ Employer check enclosed ❒ Money Order enclosed

Please do not staple your check or money order.

If paying by credit card, complete the following information:

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)

SIGNATURE (on card)

SECURITY CODE
(Three- or four-digit code located on the card.)

If using company credit card, provide company name: _____

Email credit card receipt to: _____

Checks and money orders should be payable to: NCCCO

Please contact your Test Site Coordinator for instructions on where to submit written exam applications. If instructed to submit directly to NCCCO, please send application and payment to:

NCCCO—Testing Services Department
34125 U.S. Highway 19 North, Suite 150, Palm Harbor, FL 34684
Fax: 727-461-2746
Email: writtenapps@nccco.org

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